



**Residential Residing**  
**Dwellings (1 &2), Townhouse,**  
**Private Garage**  
**Permit Application**

**City of Maple Grove**

Fax 763-494-6417 Phone 763-494-6060

12800 Arbor Lakes Pkwy, P.O. Box 1180

Maple Grove, MN 55311

Applicable Code: 2007 Minnesota Residential Code

**For Office Use Only**  
Permit # \_\_\_\_\_  
Permit Cost \_\_\_\_\_  
Date Received \_\_\_\_\_

Job Site Address: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CONTRACTOR**

Company Name: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Lead Certification#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

**PERMIT TYPE**

☐ **Reside (1 or 2 Family D.U. - \$105; TH - \$55/D.U.; Garage done independently - \$55)**

Anticipated completion date: \_\_\_\_\_

Brief description of work (include siding type): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USE**

☐ **Single Family**

☐ **Two Family**

☐ **Town House**

Estimated Value of Work Performed \$ \_\_\_\_\_

I hereby apply for a building permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WE ACCEPT MASTERCARD, VISA, AND DISCOVER  
FOR PERMIT FEES TOTALING LESS THAN \$1000**

**This information will be destroyed after the permit has been processed.**

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

<b>To Pay By Credit Card</b>  <b>MasterCard Visa or Discover</b>	<p>Name as it appears on card: _____</p> <p>Type of Credit Card:   <input type="checkbox"/> Visa                      <input type="checkbox"/> MasterCard                      <input type="checkbox"/> Discover</p> <p>Expiration Date: _____ / _____ / _____</p> <p>Account Number: _____</p> <p>Signature: _____ Date: _____</p> <p>Billing Address: _____</p> <p>City: _____ State: _____ Zip Code _____</p>
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***Notice: Faxed applications will not be processed  
without payment by credit card***